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JUL 13 2009

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FACSIMILE TRANSMISSION

July 13, 2009

TO:

**USPTO** 

ATTN:

**FAX NO.:** 

TELEPHONE:

FROM:

Paul Bobowiec (202) 454-1572

RE:

Response to Office Action and Petition for two-month extension of time

filed by certificate of facsimile transmission

YOUR REFERENCE: 10/579,390

Docket:2080.1008

NO. OF PAGES (Including this Cover Sheet) 10

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## JUL 13 2009

\$&H Form: (10/08)

REPLY/AMENDMENT FEE TRANSMITTAL			Attorney Docket No.		2080.1008 (Formerly 1454.1718)				
			Application Number		10/579,390				
			Filing Date		May 15, 2006				
			First Named		Michael ECKERT et al.				
			Inventor						
			Group Art Unit		2617				
AMOUNT ENCL	AMOUNT ENCLOSED 130.00		Examiner Name		WANG-HURST, KATHY W				
FEE CALCULATION (fees effective 10/02/08)									
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For		Number Extra		Rate	Ca	Calculations	
TOTAL CLAIMS	13	- 20 =		Q		X \$ 52.00 =		0.00	
INDEPENDENT CLAIMS	4 -		4 =	0 X \$ 22		X \$ 220.00 =	=	0.00	
Since an Official Action set an <u>original</u> due date of <u>June 13, 2009</u> , petition is hereby 130.00									
made for an extension to cover the date this reply is filed for which the requisite fee is									
enclosed (1 month (\$130)); (2 months (\$490)); (3 months (\$1,110)); (4 months (\$2,350):									
If Notice of Appeal is enclosed, add (\$540.00)									
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$140.00)									
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)									
Total of above Calculations =							\$	130.00	
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)									
TOTAL FEES DUE =							\$	130.00	
(1) If entry (1) is less than entry (2), entry (3) is "0".  (2) If entry (2) is less than 20, change antry (2) to "20".									
(4). If entry (4) is less than entry (5), entry (6) is "0".									
(5) If entry (5) is less than 3, change entry (5) to "3".									
METHOD OF PAYMENT									
Check enclosed as payment.									
Charge "TOTAL FEES DUE" to the Deposit Account No. below.									
No payment is enclosed.									
GENERAL AUTHORIZATION									
If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit									
any overpayment or charge any additional fees necessary to:									
	eposit Account No.	19-3935	HAIREV	II D					
Deposit Account Name STAAS & HALSEY LLP  The Commissioner is also authorized to credit any overpayments or charge any additional fees required under									
37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including									
•	ed application(s) claimin	_	•					- 27 OFB	
	ions/divisionals/CIPs ur o maintain pendency he		Y •			ivisionais/CF	'As unde	er 37 CPR	
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	Paul JAL Bobowiec				Re	g. No. 47	431 600	SIMILE TRANSMISSIO	
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